

**STATEMENT ON YEMEN**  
**BY PRINCIPALS OF THE INTER-AGENCY STANDING COMMITTEE**

**28 May 2020**

We are increasingly alarmed about the situation in Yemen.

COVID-19 is spreading rapidly across the country already experiencing the world's largest humanitarian crisis, driven by an unabated conflict. But we are ready to stay and deliver life-saving assistance to those who need it.

Against a backdrop of mounting humanitarian needs, especially for families displaced by the fighting, official COVID-19 case figures as of 28 May stand at 253 cases and 50 deaths. Further testing and analysis are required to provide a true picture of the epidemic and the case fatality rate in Yemen.

But as in many other countries, testing kits in Yemen are in short supply, and official reports are lagging far behind actual infections.

Official figures indicate that COVID-19 cases have been confirmed in 10 of the country's 22 governorates, demonstrating widespread transmission. But testing and reporting remain limited and it is likely that most areas of the country are already impacted, if not all. People with severe symptoms, like high fevers and distressed breathing, have been turned away from health facilities that were either full or unable to provide safe treatment.

Sanitation and clean water are in short supply. Only half of health facilities are functioning. Many functioning health centres lack basic equipment like masks and gloves, let alone oxygen and other essential supplies to treat COVID-19. Many health and frontline humanitarian workers have no protective gear, and most are receiving no salaries or incentives.

In spite of the efforts of local health workers and international agencies, the health system is buckling further under the additional strain of COVID-19.

The conflict in Yemen has a disproportionate impact on women and children. Yemen is already one of the worst places on earth to be a woman or a child. After five years of conflict, more than 12 million children and 6 million women of childbearing age need some kind of humanitarian assistance. Their health, nutrition, safety and education are already at risk as systems collapse from the fighting. More than a million pregnant women are malnourished. As COVID-19 spreads throughout Yemen, their futures will be at even greater risk.

These outcomes are almost certainly a result of the conflict. More than five years of war have devastated Yemen's health infrastructure, subjected Yemenis to repeated disease outbreaks and malnutrition, and substantially increased vulnerabilities. Civilians continue to bear the brunt of

the conflict, with close to 100,000 Yemenis having been forced to flee their home since the beginning of the year.

The situation of vulnerable people like displaced people, more than half of them women and 27 percent of whom are below age 18, migrants and refugees, as well as people in detention, is particularly concerning as they traditionally face barriers when accessing health care while living in harsh conditions. Most of the 3.6 million displaced live in unsanitary and overcrowded conditions, making both physical distancing and regular handwashing impossible. They are also often blamed for disease outbreaks like COVID-19 and cholera. Yemen remains the world's fourth largest internal displacement crisis due to conflict.

Humanitarian agencies are doing everything we can to help. Our response provides protection and support that prioritizes the most vulnerable. This includes older people, people with disabilities, and women and girls. Our COVID-19 strategy focuses on rapidly scaling up the proven public health measures against COVID-19 (early detection and testing, isolation and treatment of cases, tracing of contacts); actively promoting personal hygiene and physical distancing; mobilizing life-saving supplies and equipment; and maintaining essential health and humanitarian services.

But more needs to be done across all areas of intervention. UN partners call on authorities across Yemen to report cases and all other relevant information transparently, as well as to urgently adapt and apply measures that can further suppress and mitigate spread of the disease. We also call on them to take all possible steps to eliminate social stigma around COVID-19, which is preventing people from seeking treatment before it is too late.

COVID-19 rapid response teams, supported by us, have deployed to every district and are working to establish isolation units at 59 hospitals across the country. We have procured nearly a quarter of a million personal protective items and have additional supplies in the pipeline and we are going to be supporting 9,500 frontline COVID-19 health workers.

We also reached 16 million people in the first half of May with information they need to protect themselves and their families. Reliable information is essential, as it allows people in local communities to make decisions based on facts.

In addition to the COVID-19 response, aid agencies in Yemen are also still delivering the world's largest relief operation. We assist more than 10 million people every month. With generous donor funding in the last few years, we have prevented widespread famine, rolled back the largest cholera outbreak in recorded history and helped families who had to flee their homes due to conflict. Millions of people rely on these programmes to survive. They are even more essential as the COVID-19 pandemic spreads across the country - especially when we recall that hunger, malnutrition, cholera, dengue and vaccine-preventable diseases have not abated.

Tragically, we do not have enough money to continue this work. Of 41 major UN programmes in Yemen, more than 30 will close in the next few weeks if we cannot secure additional funds. This means many more people will die.

We have never had so little money for the Yemen aid operation this late in the year. The UN and the Kingdom of Saudi Arabia will co-host a virtual pledging event on 2 June. Donors have started to signal support, including a large pledge by the Kingdom of Saudi Arabia and an announcement of lifeline funding from the United States. But pledges remain far below what is required, and most still have not been paid. Pledges by themselves cannot save lives.

The humanitarian community – UN agencies, international and national NGOs and others – are unanimous in our position that the world’s largest aid operation cannot afford extended cuts during this unprecedented emergency. Aid agencies estimate they will need up to \$2.41 billion to cover essential activities from June through December, including programmes to counter COVID-19.

There are many challenges in delivering aid in Yemen – including restrictions placed on humanitarian action by the authorities in the north. UN agencies and INGOs have worked closely with our donors to address these challenges and have seen concrete progress recently. Much more is needed. Agencies are identifying risks to their programmes and mitigating them. When risk levels are too high, programmes are being calibrated. We are all committed to ensuring aid goes where it should. This work will continue.

We are also doing everything possible to ensure we have the necessary logistical services to deliver the most effective response – including regular passenger flights and fast-tracked global supply chains for oxygen and other medical supplies. We must all work together to support these essential systems.

Humanitarians have been remarkably successful in mitigating some of the worst consequences of the Yemen crisis for civilians. But only a political solution can end the crisis altogether. We need a cessation of hostilities across the country to address the ever-mounting humanitarian needs. If the political process has any chance of success, the humanitarian situation must be kept stable.

We have the skills, staff and capacity to do this. What we don’t have is the money.

We are running out of time.

We ask donors to pledge generously and pay pledges promptly.

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**Signatories**

- Ms. Abby Maxman, Chair, Steering Committee for Humanitarian Response (SCHR), President and CEO of Oxfam America
- Mr. Achim Steiner, Administrator, United Nations Development Programme (UNDP)
- Mr. António Vitorino, Director General, International Organization for Migration (IOM)
- Ms. Cecilia Jimenez-Damary, UN Special Rapporteur on the Human Rights of Internally Displaced Persons
- Mr. David Beasley, Executive Director, World Food Programme (WFP)
- Mr. Filippo Grandi, High Commissioner for Refugees (UNHCR)
- Mr. Gareth Price-Jones, Executive Secretary, Steering Committee for Humanitarian Response (SCHR)
- Ms. Henrietta H. Fore, Executive Director, United Nations Children's Fund (UNICEF)
- Mr. Ignacio Packer, Executive Director, International Council of Voluntary Agencies (ICVA)
- Ms. Inger Ashing, Chief Executive Officer, Save the Children International
- Ms. Maimunah Mohd Sharif, Executive Director, United Nations Human Settlements Programme (UN-Habitat)
- Mr. Mark Lowcock, Emergency Relief Coordinator
- Ms. Michelle Bachelet, High Commissioner for Human Rights (OHCHR)
- Dr. Natalia Kanem, Executive Director, United Nations Population Fund (UNFPA)
- Mr. Qu Dongyu, Director-General, Food and Agriculture Organization (FAO)
- Mr. Samuel Worthington, Chief Executive Officer, InterAction
- Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization (WHO)